

(pg. 1 not submitted)
City Clerk's Office

JUL 30 2018

RECEIVED
by e-mail only

CALIFORNIA
FORM 410

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Anthony Phan Legal Defense Fund

Page 2

I.D. NUMBER

1400479

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE		
Wells Fargo	(408) 586-7682		
ADDRESS	CITY	STATE	ZIP CODE
1 S Milpitas Blvd	Milpitas	CA	95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	CHECK ONE		PARTY (list political party below)
Anthony Phan	Councilmember	2016	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☒ Amendment

☐ Termination – See Part 5

☐ Not yet qualified
or

☒ Date qualified as committee

03 / 12 / 2018

03 / 12 / 2018

Date qualified as committee
(If amending to provide this date)

____ / ____ / ____
Date of termination

Date Stamp

CALIFORNIA
FORM

410

For Official Use Only

City Clerk's Office

MAR 15 2018

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1. Committee Information

I.D. Number (If applicable)

1400479

NAME OF COMMITTEE

Anthony Phan Legal Defense Fund

STREET ADDRESS (NO P.O. BOX)

437 Greathouse Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA

95035

408 726 4704

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

voteanthonyphan@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Santa Clara

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Suzanna Trieu

STREET ADDRESS (NO P.O. BOX)

1422 W 22rd Street

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA

90501

408 726 4704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Anthony Phan

STREET ADDRESS (NO P.O. BOX)

437 Greathouse Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA

95035

408 726 4704

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

03/15/18

By

Suzanna Trieu
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

03/15/18

By

Anthony Phan
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Anthony Phan Legal Defense Fund

I.D. NUMBER

1400479

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE		
Wells Fargo	4085867682		
ADDRESS	CITY	STATE	ZIP CODE
1 S Milpitas Blvd	Milpitas	CA	95035

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Anthony Phan	Councilmember	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

Statement Type

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☒ Not yet qualified
or

☐ Date qualified as committee

_____/_____/_____
Date qualified as committee
(If amending to provide this date)

_____/_____/_____
Date of termination

Date Stamp
RECEIVED AND FILED
In the office of the Secretary of State
of the State of California

NOV 30 2017

CALIFORNIA FORM 410

For Official Use Only

DEC 19 2017

RECEIVED

1. Committee Information

I.D. Number (if applicable)

NAME OF COMMITTEE

Anthony Phan Legal Defense Fund

STREET ADDRESS (NO P.O. BOX)

440 Dixon Landing Road Apt L210

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA

95035

408 726 4704

MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

voteanthonyphan@gmail.com

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Santa Clara

City of Milpitas

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Anthony Phan

STREET ADDRESS (NO P.O. BOX)

440 Dixon Landing Road Apt L210

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas

CA

95035

408 726 4704

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Anthony Phan

STREET ADDRESS (NO P.O. BOX)

440 Dixon Landing Road Apt L210

CITY

STATE

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Milpitas

CA

95035

408 726 4704

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

11/27/17

By

Anthony Phan

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

11/27/17

By

Anthony Phan

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Clear Page

Print

Statement of Organization
Recipient Committee

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COMMITTEE NAME

Anthony Phan Legal Defense Fund

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Wells Fargo

AREA CODE/PHONE

408 586 7682

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1 S Milpitas Blvd

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Milpitas

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

Anthony Phan

Councilmember

2016

☒ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

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CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT
☐

OPPOSE
☐

SUPPORT
☐

OPPOSE
☐

Clear Page

Print

California Secretary of State
Political Reform Division
1500 11th Street, Rm 495
Sacramento, CA 95814

November 16, 2017

To whom it may concern,

The purpose of the "Anthony Phan Legal Defense Fund" is to solicit funds to pay for legal fees and/or costs related to FPPC Case Number 17/054 regarding the "Neighbors for Anthony Phan 2016 - City Council" committee (FPPC# 1389973).

Sincerely,

A handwritten signature in black ink that reads "Anthony Phan". The signature is written in a cursive, flowing style.

Anthony Phan

Statement of Organization
Recipient Committee

Statement Type

☒ Initial

☐ Amendment

☐ Termination – See Part 5

☒ Not yet qualified
or

☐ Date qualified as committee

____/____/____
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____/____/____
Date of termination

Date Stamp

City Clerk's Office

JUL 18 2017

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Executed on

7/18/17
DATE

By

Anthony Phan
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

7/18/17
DATE

By

Anthony Phan
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

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Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (May/2017)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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INSTRUCTIONS ON REVERSE

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Page 2

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(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

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Anthony Phan

Councilmember

2016

☒ Nonpartisan

☐ Nonpartisan

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CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

☐☐

SUPPORT

OPPOSE

☐☐

FPPC Form 410 (May/2017)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov